

Office of Population Health Equity
Health Equity Advisory Council

Council Member Application

If submitting a paper application, please email health.equity@maine.gov.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Languages Spoken: _____ Languages Written: _____

Lived Experience

How can your lived experience help OPHE understand and address how racism and other inequities (such as those involving gender identity, ethnicity, disability, sexual orientation, etc.) impact health outcomes and social determinants of health?

What else would you like us to know about your interest in addressing issues of systemic health disparities in the State of Maine? Please share any qualifications or experience that is relevant.

Demographic Information

What is your age? _____

Prefer Not to Share

Do you identify as an immigrant? Yes No

Prefer Not to Share

Do you identify as LGBTQ+? Yes No

Prefer Not to Share

What is your race or ethnicity? Check all that apply and print origins in the spaces below.

☐ **American Indian or Alaska Native or Indigenous:**

Print your tribal citizenship, such as Maliseet, Mi'kmaq, Passamaquoddy, Penobscot, Aztec, Mayan, Nome Eskimo Community, etc.

☐ **Middle Eastern or North African**

Print, for example, Afghan, Egyptian, Moroccan, Syrian, etc.

☐ **Asian:**

Print, for example, Chinese, Filipino, Indian, Vietnamese, Korean, Japanese, etc.

☐ **Native Hawaiian or Pacific Islander**

Print, for example, Native Hawaiian, Samoan, Chamorro, Tongan, etc.

☐ **Black or African American:**

Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.

☐ **White**

Print, for example, English, French, Italian, Irish, German, Polish, etc.

☐ **Latino, Latina, Latinx, or Hispanic:**

Print, for example, Colombian, Cuban, Dominican, Mexican, Salvadoran, Spanish, etc.

☐ **Don't Know/Unsure**

☐ **Prefer Not to Share**

☐ **Some Other Race or Origin**

What is your gender identity?

☐ Cis-gender female

☐ Cis-gender male

☐ Trans female

☐ Trans male

☐ Genderqueer/non-binary/nonconforming

☐ Not Listed Here

☐ Prefer Not to Share

Provide additional detail here, if desired (optional)

Participation Goals and Considerations

If selected as an inaugural member, what would you like the Council to accomplish in its first two years?

Are you able to dedicate 4-5 hours per month toward the work of the council? Yes No _____

What types of support would increase your ability to participate in meetings (e.g., honorarium, travel/childcare reimbursement, etc.)?
